

MAIN NEUROSURGERY
400 E. 3RD ST
DULUTH MN 55805-1951

Mancini, Mario
MRN: 4989940, DOB: 2/23/1972, Sex: M
Visit date: 9/11/2019

09/11/2019 - Office Visit in ESSENTIA HEALTH-DULUTH CLINIC NEUROSURGERY**Reason for Visit****Chief Complaint**

- Clinic Follow Up

Visit Diagnoses

- S/P C5-6-7 ACDF (primary) [Z98.1]
- Muscle weakness of right upper extremity [M62.81]

Visit Information**Provider Information****Encounter Provider**

Schick, Rose M, APRN, CNP

Authorizing Provider

Schick, Rose M, APRN, CNP

Department**Name**

ESSENTIA HEALTH-DULUTH CLINIC
NEUROSURGERY

Address

400 EAST THIRD STREET
Duluth MN 55805

Phone

218-786-3600

Fax

218-720-6032

Level of Service**Level of Service**

OFFICE CONSULTATION, LEVEL IV

Medication List**Medication List**

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit**amitriptyline (ELAVIL) 75 MG tablet**

Instructions: Take 75 mg by mouth at bedtime.

Authorized by: Abstract, Provider, MD

Informant: Care Giver

Ordered on: 10/17/2017

acetaminophen (TYLENOL) 325 MG tablet

Instructions: Take 650 mg by mouth every six hours as needed for Pain. Limit acetaminophen to 4000 mg per day from all sources.

Authorized by: Abstract, Provider, MD

Ordered on: 11/22/2017

acetaminophen-codeine (TYLENOL #3) 300-30 MG oral tablet

Instructions: Take 1-2 Tabs by mouth every four hours as needed (1 moderate pain and 2 severe pain >7/10). Limit acetaminophen to 4000 mg per day from all sources.

Authorized by: Rose, Melissa A, APRN, CNP

Start date: 11/30/2017

Ordered on: 11/30/2017

methocarbamol (ROBAXIN) 750 MG tablet

Instructions: Take 1 Tab by mouth every six hours as needed for Muscle Spasms.

Authorized by: Rose, Melissa A, APRN, CNP

Start date: 11/30/2017

Ordered on: 11/30/2017

Stopped in Visit

None

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09/11/2019 - Office Visit in ESSENTIA HEALTH-DULUTH CLINIC NEUROSURGERY (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Schick, Rose M, APRN, CNP at 9/11/2019 9:30 AM

Neurosurgery Office Visit

Essentia Health
9/11/2019
Rose M. Schick, APRN, CNP

Reason: follow up continued right arm weakness and numbness

Subjective

HPI: Mario Mancini is a 47 year old male who is here for evaluation of continued right arm weakness and numbness of his right hand. Mario has a history of C5-7 anterior cervical discectomy and fusion which was done by Dr. Broadway in November 2017. Mario returns stating that his right tricep has not improved since surgery. He had a repeat MRI in June of this year. After review of the MRI, his provider determined that he needed to be reevaluated in neurosurgery. Mario states he has some numbness of the the right pinky finger that extends up into his hand. This is also not improved since surgery. He occasionally has pain in his neck that will radiate into right shoulder. However, his biggest concern is the tricep weakness and numbness of his finger.

Activity: Ambulation

Occupation: Not Employed

Objective

There were no vitals filed for this visit.

Physical Exam:

APPEARANCE: alert and in no apparent distress.

NECK: ROM without restriction or pain.

MOTOR: Right tricep muscle 2+/5; remaining right arm strength 5/5. Left arm strength 5/5 throughout oriented

EXTREMITIES: normal

Imaging: XRAY Cervical Spine -reviewed personally intact hardware without fractures, lucency around screws or migration of cage

MRI cervical spine: Area of fusion at C5-7 reveals patent foramen with no obvious compression of spinal nerves. There is disc herniation at C3-4 and C4-5. He has moderate left foraminal stenosis at C4-5 and

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Clinical Notes (continued)

bilateral foraminal stenosis at C3-4.

Assessment/Plan:

(Z98.1) S/P C5-6 6-7 ACDF (primary encounter diagnosis)

Plan: Mario is 22 months status post C5-7 ACDF with continued right tricep weakness and numbness of his finger and hand. He states this has not improved since surgery. Imaging does show some multilevel degeneration as noted above at C3-C5 but does not demonstrate foraminal stenosis which would explain his triceps weakness. At this time, it is unlikely that he will regain strength in the right tricep as a cervical fusion was performed for this symptom specifically. Numbness is also unlikely to improve at this point. This was communicated to the patient. He may do well with some physical therapy but it sounds like Sandstone correctional facility where he is currently housed does not currently have a contract with a physical therapist. We will discuss further with Dr. Jared Broadway. If Dr. Broadway has any further suggestions, will call the facility and communicate those suggestions to them. At this time no further follow-up unless new or worsening symptoms.

Rose M Schick, APRN, CNP

Electronically signed by Schick, Rose M, APRN, CNP at 9/11/2019 11:14 AM

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